

Provider Type 42***Provider Documentation Requirements******BDS-MR Bureau***

Specialty	Sub-Specialty	Enroll Type	Certification	License	Rate Letter	Rider A	Other Agency	Comments
<i>024 Case Management</i>		FAO		NO	X		X	Approval by BDS
<i>026 MR Waiver</i>		FAO		NO			X	Approval by BDS
<i>027 Speech & Hearing Agency</i>		FAO		Professional			X	Approval by BDS/Licensed Speech Pathologist
<i>031 Physical Therapist</i>		FAO		Professional			X	Approval by BDS/Licensed Physical Therapist
<i>033 Occupational Therapist</i>		FAO		Professional			X	Approval by BDS/Licensed Psychologist
<i>038 Psychologist</i>		FAO		Professional			X	Approval by BDS/Licensed Speech Pathologist